

Officer / Agent:

(b) (6), (b) (7)(C)

## DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

Date Printed: 10/31/2012

Subject: (b) (6), (b) (7)(C)

## REPORTABLE USE OF FORCE INCIDENT DATA

## SECTION A - INCIDENT IDENTIFICATION INFORMATION

Incident Number: (b) (2)	Incident Title: Off duty shooting Incident	Orig. SIR No.: (b) (2)	Event No.:
Office: Office of Border Patrol	Owning Organization: Del Rio Sector/Eagle Pass North Station	Reporting Official: (b) (6), (b) (7)(C)	Telephone Number: (b) (6), (b) (7)(C)
Type of Incident: <input checked="" type="checkbox"/> Firearm <input type="checkbox"/> Intermediate Device <input type="checkbox"/> Other		Local Time / Day / Date of Incident: 14:30    Monday    9/19/2011	
Number of Subjects: 1	Number of Involved CBP Officers/Agents: 1	Other Offices / Agencies Involved:	

## SECTION B - INCIDENT LOCATION INFORMATION

Address: (b) (6), (b) (7)(C)	City: Eagle Pass	State: TX	County: Maverick
ZIP Code: 78852	Country: US	Longitude: (b) (7)(E)	Latitude: (b) (7)(E)
Character of Premises: Urban, Moderately Populated, Residential, Indoors			
Illumination: -----			
If Natural Illumination: Daylight	If Artificial Illumination: Not Applicable, Good lighting		
Environmental Conditions: Dry, Calm			Estimated Ambient Temperature (°F): 90

## Additional Comments (relevant to the incident information page):

Off duty agent got into a shootout with his wife's cousin. Wife's cousin was killed at the scene. Agent died later at the hospital from the seven gunshots he had received.

**SECTION C - INVOLVED OFFICER / AGENT INFORMATION**

Name: (b) (6), (b) (7)(C)	Title: BORDER PATROL AGENT	Service EOD: (b) (6), (b) (7)(C)	Duty Location EOD: (b) (6), (b) (7)(C)
Duty Location: Customs and Border Protection/Office of Border Patrol			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hand Usage: <input checked="" type="checkbox"/> Right-Handed <input type="checkbox"/> Left-Handed	Height: (b) (6), (b) (7)(C)	Weight: (b) (6), (b) (7)(C)
Duty Status: <input type="checkbox"/> On Duty <input checked="" type="checkbox"/> Off Duty	Attire: <input type="checkbox"/> Uniformed <input checked="" type="checkbox"/> Plain Clothes	Total YEARS Law Enforcement Experience: Federal: 3 State: 0 Local: 0	Wearing Body Armor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Operational Activity: Other (off duty)			

**SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION**

Injured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information: Agent shot 7 times and succumbed to his injuries approx. 5 hours after the shooting took place.
Referred for Additional Medical Attention: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION E - WEAPONS USED BY OFFICER / AGENT**

Firearm Information:			
Ownership: <input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date: 07/03/2011		Qualification Score: 315
Serial Number: (b) (6), (b) (7)(C)	Manufacturer: (b) (7)(E)	Model Name/Number: (b) (7)(E)	Caliber: (b) (7)(E)
Type: Pistol	Round Type (if Shotgun):		Rounds Fired: 36
Firearm Shooting Information:			
Posture: Other (Unknown)	Posture Orientation: Other (Unknown)		
Cover Usage: No Cover	Weapon Grip: Gun hand only		
Target Elevation: At/Above Eye Level	Aiming Method: Sight Aim		
Firing Mode: Semi-automatic	Estimated Distance (Express in Yards): Minimum: 1 Maximum: 10		
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged			
Comments Concerning Collateral Damage: Bullet holes in sheet rock in the apartment. Next door apartment was unaffected. Agent's POV was struck by at least one bullet fired out of an upstairs window by subject.			

**SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT**

<b>Intermediate Device Information:</b>	
Device:	Device Type:
Description:	
<b>Intermediate Device Deployment Information:</b>	
Posture:	Posture Orientation:
Cover Usage:	Weapon Grip:
Target Elevation:	Aiming Method:
Firing Mode:	Estimated Distance ( <i>Express in Yards</i> ): Minimum: 0 Maximum: 0
Did Collateral Contamination Occur?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Time Needed for Decontamination ( <i>Express in Minutes</i> ): <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged	
Comments Concerning Collateral Damage:	

<b>Other Force Information:</b>	
Device Type:	Description:
Comments:	
<b>Other Force Deployment Information:</b>	
Posture:	Posture Orientation:
Cover Usage:	Estimated Distance ( <i>Express in Yards</i> ): Minimum: 0 Maximum: 0
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged	
Comments Concerning Collateral Damage:	

**SECTION F - INVOLVED OFFICER / AGENT SHOOTING INFORMATION***(Data Merged with Section E Above by Weapon)***SECTION G - INVOLVED OFFICER / AGENT TRAINING INFORMATION**

What Training ( <i>in addition to Basic Academy</i> ) Assisted the Involved Officer/Agent:
Training Recommendations:

**SECTION H - SUBJECT INFORMATION**

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle): (b) (6), (b) (7)(C)		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: 26-30 years old	Height: 5'10''	Weight: 235	Wearing Body Armor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input checked="" type="checkbox"/> Deceased	

**SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION**

Firearm Information: <input type="checkbox"/> Unknown				
Type:		Round Type (if Shotgun): <input type="checkbox"/> Shot <input type="checkbox"/> Slug <input type="checkbox"/> Other:		
Caliber:	Serial Number:	Manufacturer:	Model Name/Number:	Rounds Fired:
Add Firearms (Use Supplemental Sheet for Additional Suspect Firearms): <input checked="" type="checkbox"/> None <input type="checkbox"/> See Supplemental				
Subject Other Weapon Information (NOT Firearm):				

**SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT**

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: (b) (6), (b) (7)(C)	
Effective at Stopping Immediate Threat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

## ADDITIONAL COMMENTS

### Officer/Agent Comments:

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It is unknown at this time how the shooting started. The weapons involved, according to the Eagle Pass Police Department detectives, are a Glock .40 caliber and the agent's issued Service weapon a (b)(7)(E). It is unknown who fired which weapon. According to EPPD approximately 36-38 rounds were fired by both individuals. The subject was shot approximately four times by the agent and he died at the scene. The agent was shot seven times and later succumbed to his injuries and died at the hospital.

### Subject Comments:

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Subject was transported to the Ft. Duncan Medical Center at which time doctors attempted to revive the subject until all extreme measures and procedures were exhausted by hospital personnel. Subject was pronounced dead by the attending physician.

## SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

### SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (2)	(b) (2)	(b) (6), (b) (7)(C)

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